

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064090

FILED
Mar 03, 2004
Secretary of State

Entity Name: COMPUTECH PROFESSIONAL, CORP.

Current Principal Place of Business:

25 SE 2ND AVENUE
SUITE 1000
MIAMI, FL 331311672

New Principal Place of Business:

Current Mailing Address:

25 SE 2ND AVENUE
SUITE 1000
MIAMI, FL 331311672

New Mailing Address:

FEI Number: 65-1041479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMA, PAULO M
25 SE 2ND AVENUE
SUITE 1000
MIAMI, FL 331311672

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LIMA, PAULO M
Address: 25 SE 2ND AVE SUITE 1000
City-St-Zip: MIAMI, FL 331311672

Title: VS () Delete
Name: LIMA, PAULO
Address: 25 SE 2ND AVE SUITE 1000
City-St-Zip: MIAMI, FL 331311672

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: LIMA, JEANNIE M
Address: 25 SE 2ND AVE SUITE 1000
City-St-Zip: MIAMI, FL 331311672

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULO M LIMA

P

03/03/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date